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# EXHIBIT

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# 1

Fulvio Flete-Garcia  
Regist No. 24190-038  
P . O . Box 6000  
Glenville W.V. 26351

June 9, 2019

United States Department of Justice  
Office of the executive attorney  
600 E . Street N.W. room 7300  
Washington D.C. 20530

Re: Freedom of Information Act  
request for the release of  
agency records 5 USC 552 et seq

7018 2290 0000 1199 7880

Dear Executive Attorney of the United States,  
Please accept this letter as my formal request for the release of agency records pursuant to the Freedom Of Information Act 5 USC 552 et seq.

FREEDOM OF INFORMATION ACT REQUEST FOR AGENCY  
RECORDS PURSUANT TO THE FREEDOM OF INFORMATION  
ACT 5 USC 552 ET SEQ

Persuant to the FOIA 552 es seq i am requesting the release of all of the following agency records

(1) A complete copy of the DISCOVERY RELATED TO THE SUPRESEDING INDICTMENT OF CRIMINAL CASE No. 1:15-cr-10381-LTS-1 dated March 9, 2017 designated as docket No. 90.

The discovery is related to criminal file designated as UNITED STATES V FULVIO FLETE-GARCIA .

The case was prosecuted in the Federal District court for the district of Massachusetts in 2015- 2017.

Respectfully

Fulvio Flete-garcia  
Fulvio Flete-garcia

FORM APPROVED OMB NO.  
1103-0016 EXPIRES 05/31/2020

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> **FULVIO FLETE-GARCIA**

Citizenship Status <sup>2</sup> **N/A** Social Security Number <sup>3</sup> **N/A**

Current Address **FCI GILMER, PO BOX 6000, GLENVILLE, WV 26351**

Date of Birth **SEPT 9, 1972** Place of Birth **DOMINICAN REPUBLIC**

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

**Print or Type Name**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> **Fulvio Flete Garcia** Date **June 10, 2019**

<sup>1</sup> Name of individual who is the subject of the record(s) sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.

7018 2290 0000 1199 7880

**U.S. Postal Service**  
**CERTIFIED MAIL**  
Domestic

**RECEIPT**

Return to:  
FLEETE GARCIA  
24190 038  
A-2

website at [www.usps.com](http://www.usps.com)

**GLENVILLE WV 26351**

Extra Services & Fees (check box, add fee if appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$


☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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**OFFICE OF EXECUTIVE ATTORNEY**  
Street and Apt. No., or PO Box No.  
**600 E. STREET N.W. ROOM 7300**  
City, State, ZIP+4®  
**WASHINGTON D.C. 20530**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p> A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b> </p>	
<p>1. Article Addressed to:</p> <p>US Dept of Justice EOUSA 600 E Street, NW Rm 7300 Washington, DC 20530</p>		<p> B. Received by (Printed Name) <i>Edy</i> C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No  <b>JUN 17 2019</b> </p>	
<p>   9590 9402 4307 8190 3794 90 </p>		<p> 3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span>  <input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span>  <input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span>  <input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span>  <input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Insured Mail (over \$500)</span>  <input type="checkbox"/> Collect on Delivery Restricted Delivery </p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 2290 0000 1199 7880</b></p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

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# EXHIBIT

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# 2

Fulvio Flete-Garcia  
Regist No.24190-038  
P . O . Box 6000  
Glenville W.V.26351

7018-2290 00001197 H20  
4263

June 21,2019

United States department of Justice  
Office of the Executive Attorney  
600 E.Street N.W. room 7300  
Washington D.C.20530

Re:Freedom of information Act  
request for agency records  
Related to criminal case  
number1:15-cr-10139-PBS  
USA V Flete-Garcia

Dear sir/madam,

Please accept this letter as my formal request for the release of agency records pursuant to the Freedom of Infromation Act .

FREEDOM OF INFORMATION ACT REQUEST FOR AGENCY  
RECORDS PERSUANT TO 5 USC 552 ET SEQ.....

Persuant to the Freedom of Information Act i am requesting the release of all of the following records specifically,

- (1)A complete copy of the transcripts ,audio and the video for the court room event that took place at the federal court House related to the initial appearance before the Honorable Judge Jennifer C. Boal dated May 4,2015.
- (2)A complete copy of the docket entry number 9 related to the lower court file in the court house in Boston Massachusetts for criminal case No. 1:14-mj-07101-JCB indicating as a participant for the USA attorney Steven York.  
(Make note that i am not requesting a copy of the docket No.9 filed in the court of appeals)  
(I want the copy as filed in the lower court in Boston Massachusetts on May 4,2015)
- (3)A complete copy of the audio, video and the transcripts related to criminal case number 1:14-mj-07101-JCB as docket No.9 filed in the lower court in Boston Massachusetts in which US Attorney Steven York was an active participant in the proceedings .  
(Make note that i am not requesting a copy of docket No.9 as filed in the court of appeals)  
(I want a copy as filed in the lower court in Boston massachusetts on May 4,2015)
- (4)A complete copy of the audio,video and the transcripts related to criminal case number 1:15-cr-10139-PBS-1 for the court house event that took place at the Federal court House related to the ARRAINMENT HEARING before the Honorable Judge Jennifer C.Boal dated JUNE 11,2015. DOCKET No. 16.  
(Make note that i do not want a copy of the records as filed in the court of appeals )  
(I want the records as filed in the lower court in Boston massachusetts on June 11,2015)
- (5)A complete copy of the video, audio, and the transcripts of the court room event that took place at the Federal Court House related to the INTRIM STATUS CONFERENCE before the

Honorable Judge Jennifer C.Boal dated July 23,2015 as docket No.20.

(Make note that i do not want a copy of the records as filed in the court of appeals )  
(I want the records as filed in the lower court in Boston massachusetts on July 23,2015)

Attached to this request is a copy of the docket sheet related to the records i am requesting  
It is attached as Exhibit "A" for referances purposes only.

In support of further clarafication of the agency records i am requesting i am informing  
you that the records listed in this request as 1,2,3,4,and 5 are records presented by your  
office in two different Federal Courts ,they are (1)THE LOWER COURT IN BOSTON MASSACHUSETTS  
and (2) THE COURT OF APPEALS IN THE FIRTIS CIRCUIT.

I DO NOT WANT THE RECORDS FILED IN THE COURT OF APPEALS .

I WANT THE RECORDS AS FILED IN THE LOWER COURT IN BOSTON MASSACHUSETTS

I AM REQUESTING AGENCY RECORDS AS FILED IN THE LOWER COURT IN BOSTON MASSACHUSETTS .

Respectfully

  
Fulvio Flete-Garcia 24190-038

June 21,2015



U.S. Department of Justice

## Certification of Identity

FORM APPROVED OMB NO.  
1103-0016 EXPIRES 05/31/2020

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> FULVIO FLETE-GARCIA

Citizenship Status <sup>2</sup> DOMINICAN REPUBLIC Social Security Number <sup>3</sup> NON-APPLICABLE

Current Address FCI GILMER P.O.BOX 6000 GLENVILLE W.V. 26351

Date of Birth September 9, 1972 Place of Birth DOMINICAN REPUBLIC

**OPTIONAL: Authorization to Release Information to Another Person**

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

**Print or Type Name**

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above; and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> Fulvio Flete Garcia Date June 21, 2019

<sup>1</sup> Name of individual who is the subject of the record(s) sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.

7018 2290 0000 1197 4263

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Postage \$  
Total Postage and Fees \$


**United States Attorneys of**  
**US department of justice**

Street, Apt. No., or PO Box No.  
**600 E street N.W. Room 7300**

City, State, ZIP+4®  
**Washington D.C. 20530**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**GREENVILLE, TN**  
**JUN 25 2019**  
*6351*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<b>A. Signature</b> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> US Department of Justice Office of Executive Attorney 600 E Street N.W. Room 7300 Washington D.C. 20530		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b> JUL 01 2019
 9590 9402 4307 8190 3778 30		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
<b>2. Article Number (Transfer from service label)</b> 7018-2290-0000 1197 4263		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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# EXHIBIT

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3

FREEDOM OF INFORMATION/PRIVACY ACT REQUEST

FULVIO FLETE-GARCIA  
USM No: #24190-038  
FCI Gilmer  
PO Box 6000  
Glenville, WV 26351-6000

7018 2290 0000 1196 2871

Executive Office for United States Attorney  
Department of Justice  
175 N Street, NE  
Room 5400, 3 CON BLDG  
Washington, DC 20530

Pursuant to Title 5, United States Code, Section 552, (552(a)), I the undersigned, identified as above, respectfully request the following information:

Please provide 'Certified Copies' of the following requested documents related to 'ONLY' FULVIO FLETE-GARCIA and Indictment No: 1:15-cr-10139-PBS-1, filed in the United States District Court for the District of Massachusetts (Boston):

(1) All orders that reflect the Commencement, Termination, and any extensions of the Grand Jurys that heard evidence in this matter;

(2) Transcripts of the instructions and charges given to any Grand Jury that heard evidence in this matter;

(3) All Grand Jury voting records from all Grand Jurys that heard evidence in this matter; and,

(4) All Grand Jury attendance records including names, times, and dates, of all Grand Jurors that heard evidence in this matter.

I would like to have a copy of the applicable rules and regulations of your agency, as provided for the FOIA/PA Acts, as amended by Public Law 93-502, 88 stat 1561.

If for any reason(s) any of the above described information or material is deemed to be non-releaseable, please specify the Statutory and Regulatory reason(s) and the names of the persons making such decisions.

Your kind reply within the next 20 business days, as required by Statute, would be very much appreciated.

Respectfully submitted on this 24 th day of June, 2019.

/s/ Fulvio Flete Garcia

FULVIO FLETE-GARCIA

I declare under the penalty of perjury, under the laws of the United States of America, that the foregoing is true and accurate, and that I am the person names above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC § 1001 by a fine of not more than \$10,000 or by punishment of not more than five years or both, and that requesting or obtaining any records under false pretense is punishable under the provision of 5 USC § 552a(1) & (3) by fines of not more than \$5,000.

/s/ Fulvio Flete Garcia

FULVIO FLETE-GARCIA

Dated: June 24, 2019

U.S. Department of Justice

## Certification of Identity



**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup> FULVIO FLETE-GARCIA

Citizenship Status <sup>2</sup> N/A Social Security Number <sup>3</sup> N/A

Current Address FCI Gilmer PO Box 6000 Glenville, WV 26351

Date of Birth 9/9/72 Place of Birth DOMINICAN REPUBLIC

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> Fulvio Flete Garcia Date June 24, 2019

### OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

EOUSA - WASHINGTON, DC

**Print or Type Name**

<sup>1</sup> Name of individual who is the subject of the record sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.

7018 2290 0000 1196 2871

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☐ Adult Signature Restricted Delivery

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 GLENVILLE WV 26351  
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>	
<p>1. Article Addressed to:</p> <p>EOUSA - Dept of Justice 175 N Street, NE 3CON BLDG Washington, DC 20530</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>JUL 01 2019</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 2290 0000 1196 2871</b></p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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# EXHIBIT

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# 4

FREEDOM OF INFORMATION/PRIVACY ACT REQUEST

FULVIO FLETE-GARCIA  
USM No: #24190-038  
FCI Gilmer  
PO Box 6000  
Glenville, WV 26351-6000

7018 2290 0000 1196 2888

Executive Office for United States Attorney  
Department of Justice  
175 N Street, NE  
Room 5400, 3 CON BLDG  
Washington, DC 20530

Pursuant to Title 5, United States Code, Section 552, 552(a), I the undersigned, identified as above, respectfully request the following information:

Please provide 'Certified Copies' of the following requested documents required to 'ONLY' FULVIO FLETE-GARCIA and Indictment No: 15cr10381, Original Indictment, filed in the United States District Court for the District of Massachusetts (Boston).

(1) All orders that reflect the Commencement, Termination, and any extensions of the Grand Jurys that heard evidence in this matter;

(2) Transcripts of the instructions and charges given to any Grand Jury that heard evidence in this matter;

(3) All Grand Jury voting records from all Grand Jurys that heard evidence in this matter; and,

(4) All Grand Jury attendance records including names, times, and dates, of all Grand Jurors that heard evidence in this matter.

I would like to have a copy of the applicable rules and regulations of your agency, as provided for the FOIA/PA Acts, as amended by Public law 93-502, 88 stat 1561.

If for any reason(s) any of the above described information or material is deemed to be non-releaseable, please specify the Statutory and Regulatory reason(s) and the names of the persons making such decisions.

Your kind reply within the next 20 business days, as required by Statute, would be very much appreciated.

Respectfully submitted on this 24th day of June, 2019.

/s/ Fulvio Flete Garcia  
FULVIO FLETE-GARCIA

I declare under the penalty of perjury, under the laws of the United States of America, that the foregoing is true and accurate, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 USC § 1001 by a fine of not more than \$10,000 or by punishment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provision of 5 USC § 552a(1) & (3) by fines of not more than \$5,000.

/s/ Fulvio Flete Garcia Dated: June 24, 2019  
FULVIO FLETE-GARCIA

U.S. Department of Justice

## Certification of Identity



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Full Name of Requester <sup>1</sup> FULVIO FLETE-GARCIA

Citizenship Status <sup>2</sup> N/A Social Security Number <sup>3</sup> N/A

Current Address FCI Gilmer PO Box 6000 Glenville, WV 26351

Date of Birth 9/9/72 Place of Birth DOMINICAN REPUBLIC

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>4</sup> Fulvio Flete Garcia Date June 24, 2019

### OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

EOUSA - WASHINGTON, DC

Print or Type Name

<sup>1</sup> Name of individual who is the subject of the record sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.

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<p>1. Article Addressed to:</p> <p>EOUSA - Dept of Justice 175 N Street, NE 3CON BLDG Washington, DC 20530</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
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# EXHIBIT

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5



FREEDOM OF INFORMATION/PRIVACY ACT REQUEST

FULVIO FLETE-GARCIA  
USM No: #24190-038  
FCI Gilmer  
PO Box 6000  
Glenville, WV 26351-6000

7018 2290 0000 1196 2895

Executive Office for United States Attorneys  
Department of Justice  
175 N Street, NE  
Room 5400, 3 CON BLDG  
Washington, DC 20530

Pursuant to Title 5, United States Code, Section 552, 552(a), I the undersigned, identified as above, respectfully request the following information:

Please provide 'Certified Copies' of the following requested documents related to 'ONLY' FULVIO FLETE-GARCIA and Indictment No: 15cr10381, filed in the United States District Court for the District of Massachusetts (Boston) - First Superseding Indictment:

- (1) All orders that reflect the Commencement, Termination, and any extensions of the Grand Jurys that heard evidence in this matter;
- (2) Transcripts of the instructions and charges given to any Grand Jury that heard evidence in this matter;
- (3) All Grand Jury voting records from all Grand Jurys that heard evidence in this matter; and,
- (4) All Grand Jury attendance records including names, times, and dates, of all Grand Jurors that heard evidence in this matter.

I would like to have a copy of the applicable rules and regulations of your agency, as provided for the FOIA/PA Acts, as amended by Public Law 93-502, 88 stat 1561.

If for any reason(s) any of the above described information or material is deemed to non-releaseable, please specify the Statutory and Regulatory reason(s) and the names of the persons making such decisions.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p><b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>EOUSA --Dept of Justice 175 N Street, NE 3CON BLDG Washington, DC 20530</p>		<p>B. Received by (Printed Name)</p> <p>C. Date Received</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 1196 2895</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><i>Only Lane</i></p> <p>JUL 02 2019</p>	
<p>Barcode: 9590 9402 4307 8190 3776 01</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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